

Past Performance Questionnaire

Send the completed Past Performance Questionnaire to:

HQ, Military Traffic Management Command

ATTN: MTAQ-AT (RM B24-L)

Contracting Officer, Anwar Ali

5611 Columbia Pike, Falls Church, VA 22041-5050

Request the completed questionnaire be forwarded within five days of receipt.

Instructions (numbers below correspond to numbers contained in the questionnaire)

1. Give name of the Contractor for which this Past Performance Questionnaire and performance history is being submitted. Provide the name of the Contractor/address/point of contact and phone number of the Contractor performing the work. for the Company submitting this questionnaire.
2. Provide the name of the Company completing the questionnaire and for whom the work was performed. Include the Past Performance Reference name/address/point of contact and phone number.
3. Show date on which the questionnaire is prepared.
4. Indicate the type of contract the questionnaire is being completed to discuss. If more than one contract was performed, complete a questionnaire for each a questionnaire for each contract. Type of contract, IE, Official Travel Services for Government Personnel, Firm Fixed Price.
 - a. Indicate the start date of contract performance.
 - b. Indicate the completion date of contract performance.
 - c. Estimate the Volume of Work in dollars for the entire contract.
 - d. Estimate the work for which the Contractor was responsible.
5. Describe the work performed by the Contractor.
6. Assess the Contractor's performance by utilizing the scale provided.
 - a. 1 = Unsatisfactory; 2 = Marginal; 3 = Acceptable; 4 = Excellent; 5 = Outstanding
7. Describe the degree to which the Contractor's performance was capable, efficient, effective and conformed to the terms and conditions of its contract.
8. Describe the degree to which customer satisfaction was met by the Contractor. Provide examples as applicable.
9. Describe the degree to which the Offeror demonstrated effective contract management. Include any information pertaining to claims and suits.
10. Provide any additional comments relevant to the Past Performance history of the Contractor.
11. Give the name, position, and signature of the person completing the questionnaire.

Questionnaire

1. Past Performance Questionnaire is being completed for: (Company Name/Address/Point of Contact/Phone Number)

2. Past Performance Reference/Address/Point of Contact/Phone Number:

3. Date Questionnaire Prepared:

4. Contract Type/Dates of Contract Performance:
 - a. Start Date (actual or estimated):
 - b. Completion Date (actual or estimated):
 - c. Estimated Volume of Work for Entire Project: \$
 - d. Work for Which Firm Is Responsible: \$

5. Description of Work Performed:

6. Utilizing the following scale, indicate your assessment of the Performance of the Contractor specifically for the contract cited above.

1 = Unsatisfactory, 2 = Marginal, 3 = Acceptable, 4 = Excellent, 5 = Outstanding

	1	2	3	4	5
Capability of Contractor to satisfy contract requirements					
Efficiency of the Contractor in meeting requirements timely as identified in the contract					
Effectiveness of the Contractor in delivering items/services contracted for.					
Contractor's performance with regard to conforming to the terms and conditions of the contract					
Customer Satisfaction obtained by the contractor					

Contractor's demonstration of effective contract management					
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7. Describe the degree to which the Contractor's performance was capable, efficient, effective and conformed to the terms and conditions of its contract.

8. Describe the degree to which customer satisfaction was met by the Contractor.

9. Describe the degree to which the Offeror demonstrated effective contract management.

10. Provide any additional comments relevant to the Past Performance history of the Contractor.

11. Questionnaire Completed by: (Name/Position/Signature)